

Consent to Release of Information

Pursuant to 5 U.S.C. § 552a(b), (The Privacy Act), I,

(Claimant's Name), consent to the release of my name and address to the National Fallen Firefighters Foundation (NFFF) or the Concerns of Police Survivors, Inc. (COPS). I authorize release to:

☐ Concerns of Police Survivors, Inc. (COPS)

☐ National Fallen Firefighters Foundation (NFFF)

(Claimant's Name)

Date Signed

Signature

(Claimant's Name)

Date Signed

Signature

Mail all documents to:

The Public Safety Officers' Benefits Program, Bureau of Justice Assistance

810 7th Street, N.W.

Washington, D.C. 20731